

Park Homes (UK) Limited

# Norman Hudson Care Home

## Inspection report

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Date of inspection visit:

29 April 2021

04 May 2021

Date of publication:

13 July 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Norman Hudson Care Home is registered to provide residential and nursing care for up to 42 people. At the time of the inspection there were 39 people living in the home, some of whom were living with dementia. Care is provided across three floors and the home has two units known as 'Aspley' and 'Pennine'.

### People's experience of using this service and what we found

Observations were made of staff wearing masks inappropriately on several occasions. The premises were mostly clean, although we found aspects of the home which required maintenance. Fire risks were mostly well managed, although the fire risk assessment had not been carried out by a competent person.

Events which the registered provider was expected to report to us had not been notified in some instances. We have dealt with this outside the inspection process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the systems in place had not identified that four applications to legally restrict people's freedom needed to be made. This was done following our inspection.

One person had not received access to healthcare which they needed. The registered manager had made a referral for this, but action had not been taken to follow this up.

The recording of people's dietary intake required improvement. This was dealt with following the inspection. It was unclear whether diabetic foods were being offered. Recording of people's weights showed these were appropriately managed.

Quality assurance systems included audits, senior management visit reports and satisfaction surveys. However, these checks had not always identified the issues found at this inspection. Team meetings were being held regularly and staff received ongoing support from the registered manager who they spoke about positively.

Relatives we spoke with told us people living in this home were safe. There were sufficient numbers of staff on duty. Medicines were safely managed by a team of people who were trained and assessed as competent. We have made a recommendation about recording variable dose medicines and time specific administrations.

We witnessed kind interactions between people living in the home and staff who displayed compassion and protected people's dignity. Feedback about the quality of care we received from relatives was mixed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was Good (published 23 March 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, medicines management, infection control, access to healthcare and premises and equipment. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norman Hudson Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to infection control, risk management, premises and equipment and governance.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Norman Hudson Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors were present on both days of our inspection. Between these dates, an Expert by Experience made calls to people's representatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Norman Hudson is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced. The second day of the inspection was announced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and 14 relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, quality assurance manager, two kitchen staff, one domestic worker and six care workers.

We reviewed a range of records. This included four people's care records in detail and medication records for 14 people. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care records and quality assurance records. We spoke with two professionals to seek feedback regarding one person's care.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- We were somewhat assured by the providers approach to infection control.
- Several examples were seen where staff were wearing masks under their nose and chin. The provider followed this up with staff supervision to address these concerns.
- Three staff members told us four people required a sling to assist with their moving and handling. They confirmed only one person had their own sling, whilst the other slings were shared between people. This meant there was an infection control risk.
- At the time of inspection, the gas boilers were being replaced. Portable heaters had been purchased to keep the home warm, although temperatures were being recorded once a week and did not account for changes in temperature through the day and night. One person told us they were feeling cold.
- The fire risk assessment had been completed by the registered manager. However, this person had not received training to ensure they were competent in carrying out this assessment.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to insufficient infection control measures and not taking steps to reduce the risk of harm.

- Personal emergency evacuation plans were in place and monthly fire drills had been held.
- Our observations of the premises were that these were mostly clean. Domestic staff were aware of the importance of cleaning 'frequent touch points' such as switches, handles and grabrails.
- Risk assessments we looked at contained sufficient guidance for staff to follow.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding records we looked at showed incidents had occurred which had not been reported to us. We have reported on this under our 'well-led' key question.
- One person we spoke with told us, "I like my home and I like the carers." Relatives we spoke with said their relative was safe living in this home.
- Staff we spoke with had received safeguarding training and were able to describe appropriate action they would take to report safeguarding concerns.

Staffing and recruitment

- Safe recruitment practices were identified in staff files we looked at.
- The provider had a dependency tool which indicated the required staffing levels. Staff rotas for the four weeks before our inspection showed the required staffing levels were always on shift. However, staff we

spoke with said they were sometimes short on a weekend when cover could not be arranged. The provider told us they planned to increase staffing levels between 4pm and 10pm.

- One person said that staff responded to them pressing their call bell quickly during the day, but this took longer on a night-time. Relatives we spoke with said there were sufficient numbers of staff on duty.

#### Using medicines safely

- Peoples medicines were managed safely.

- Staff had received medication training and their competencies were assessed regularly to make sure they had the necessary skills.

- Detailed guidance specific to each person was in place to enable staff to safely administer medicines which were prescribed to be given only as and when people required them, known as 'PRN'. Records showed that people received their medicines as prescribed.

- Where medicines were prescribed as a variable dose, the exact quantity administered was not recorded.

Instructions around time specific medicines were not found on three medication administration records we looked at.

We recommend the provider add this information to people's MARs.

#### Learning lessons when things go wrong

- There was evidence of lessons learned from a complaint which showed action was being taken in response to this event.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Aspects of the premises were poorly maintained.
- Lighting on the upper floor corridors was not working in several places. This meant some areas were dimly lit. The paintwork in these areas was chipped and damaged. The gardens were overgrown and had not been maintained. Staff said this had restricted the number of people who could access these areas.
- A large room previously called "the pub" had not been used by residents for several months. The business support manager told us the provider wanted to turn this into a café.

This was a breach of Regulation 15 (Premises and equipment) as the living environment and furnishings had not been adequately maintained.

- The provider showed us their refurbishment programme which covered scheduled works. They said some of their planned works had been delayed to the pandemic.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were not being consistently met.
- One person told us, "I'm supposed to be on a diet, today I was given chips." This person told us, "I get meat sometimes that's very hard." We followed this up with the registered manager.
- We asked the cook how they made food which was suitable for diabetic. They told us they reduced the amount of sugar and cream they added to the meal preparation. We asked another staff member whether foods suitable for people living with diabetes were offered and they said, "Not often enough." However, the registered manager told us these foods were provided.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- One person and their relative told us they had lost their dentures 12 months before our inspection. The registered manager told us two healthcare referrals had been made. However, there was no record of these being received and the lack of response had not been acted on between October 2020 and February 2021.
- One relative told us their family member required emergency dental care and was supported by two staff to an appointment.
- We looked at the weight charts for March and April 2021 and found people had maintained or steadily increased their weight.

Staff support: induction, training, skills and experience

- Staff received ongoing formal support.
- Ongoing training was delivered and completion levels were found to be high. New staff were enrolled for, but had not completed the Care Certificate, which is an agreed set of standards which staff in health and social care commit to achieving.
- Staff received an induction and support through supervision which was based around themes, such as falls risks and safeguarding. They also received an annual appraisal which was a review of their performance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been assessed and applications to lawfully restrict freedoms had been made for some people. However, applications to deprive four people of their liberty had not been submitted. The registered manager submitted these applications following our inspection.
- Staff we spoke with understood the importance of empowering people to retain control over choices they were able to make for themselves.
- We observed people being routinely given choices around activities of daily living.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were completed before people moved into the home. This helped to ensure the home could meet people's needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care plans we looked at contained guidance for staff to follow around people's care needs. However, one person was missing a behaviour care plan which was put in place shortly after our inspection. Two other behaviour care plans which needed detail adding were also updated.
- Charts we looked at for people's oral, catheter and continence care as well as repositioning needs showed gaps in the entries. The provider had addressed this with staff previously, but this remained an issue. We also saw examples of records which were not signed or dated in care plans. Kitchen records did not refer to national guidance around food textures.
- Food charts we looked at did not show sufficient detail to understand whether people received meals suitable for their dietary needs. Following the inspection, the registered manager told us this form had been updated to make this clearer. Care records did not show national guidance was being used to record the food consistency required for people's dietary needs.
- A service improvement plan had also been created, although this was last updated in November 2020. The provider had completed two reports on the quality of care in 2021. These reviews identified some concerns, but did not address the issues we found at this inspection.
- Accidents and incidents were being audited on a monthly basis to look for themes and trends. One incident in the home which resulted in a damaged window was not recorded as the registered manager said they could not be sure who was involved, although a staff member immediately identified this person to us.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as contemporaneous care records had not been maintained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received mixed feedback from relatives. Some felt that communication and openness was a strength of the home, whilst others felt confused by different accounts of events given by staff.
- At the time of our inspection, 17 people had an authorised DoLS in place. However, in the 12 months prior to our inspection, we had been notified of only two of these. Not all safeguarding matters had been reported to us. It is a legal requirement for the provider to formally notify us of these events. We have dealt with this outside the inspection process.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Four relatives we spoke with told us they had visited the home and found their family member wearing items of clothing belonging to someone else.
- Staff we spoke with said they felt supported by the registered manager which included whilst they had worked through the pandemic when they experienced anxieties. Staff meetings were being held on a monthly basis.
- Feedback from people, relatives and staff was reported in a quality assurance survey report dated October 2020. The feedback was largely positive and generated action plans where this was not the case.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff interactions with people were kind natured and respectful. We observed a person who had been incontinent was discreetly supported by a member of staff.
- An activities programme was being delivered in group and one-to-one settings. This was well recorded and met the needs of people living in the home.

Continuous learning and improving care; Working in partnership with others

- Complaints we looked at showed the provider had investigated concerns raised, responded to those issues as well as generating an action plan.
- The provider told us they were in contact with GP surgeries and the district nursing team, as well as speech and language therapists, dietician's and tissue viability nurses.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	Some statutory notifications concerning allegations of abuse and Deprivation of Liberty Safeguards had not been submitted to the Care Quality Commission
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The living environment and furnishings had not been adequately maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Contemporaneous care records had not been maintained.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Staff were not wearing PPE appropriately, Sufficient steps to reduce the risk of harm had not been taken.

### **The enforcement action we took:**

Warning notice